

Consumer's Guide to

Managed Care Health Plans

In Wisconsin



**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873**

**OCI's World Wide Web Home Page:
<http://oci.wi.gov>**

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Leading the way in informing and protecting the public
and responding to their insurance needs.

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For information on how to file insurance complaints call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

information@oci.state.wi.us

(please indicate your name, phone number, and e-mail address)

OCI's World Wide Web Home Page

<http://oci.wi.gov>

For your convenience, a copy of OCI's [complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site. You can print it, complete it, and return it to the above mailing address.

A list of OCI's publications is included at the back of this booklet. Copies of OCI publications are also available on-line on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WITRS**

Disclaimer

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

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Definitions

Case Management—A process by which an enrollee with a serious, complicated, or chronic health condition is identified by a managed care organization and a plan of treatment is established in order to achieve optimum health in a cost-effective manner.

Closed Panel—A type of health plan that requires enrollees to seek care from a medical provider who is either employed by or under contract to the health maintenance organization or limited service health organization.

Coinurance—A provision in insurance policies that requires the enrollee to pay a percentage of all eligible medical expenses in excess of the deductible.

Copayment—A provision in insurance policies that requires the enrollee to pay a flat fee for certain medical services.

Deductible—The portion of eligible medical expenses that the enrollee must pay before the plan will make any benefit payments.

Defined Network Plan—Any health benefit plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the plan. This type of plan is sometimes referred to as a managed care plan.

Emergency Care—A medical emergency includes severe pain, an injury, sudden illness, or suddenly worsening illness that would cause a reasonably prudent layperson to expect that delay in treatment may cause serious danger to the person's health if he does not get immediate medical care.

Grievance—Any written statement of dissatisfaction with a managed care plan or limited service health organization submitted by or on behalf of a plan enrollee.

Health Maintenance Organization (HMO)—A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific plan providers.

Independent Review—An appeal process in which a health care professional with no connection to an enrollee's health plan reviews a dispute over whether treatment is medically necessary or experimental.

Individual Practice Association (IPA)—An association of physicians that contracts with a health maintenance organization, limited service health organization, or preferred provider plan to provide health care services.

Limited Service Health Organizations (LSHO)—A health care plan that makes available to its enrollees a limited range of health care services, such as dental or eye care, performed by providers selected by the organization.

Managed Care—A health insurance plan that makes available to its enrollees health care services performed by providers selected by the plan and that seeks to manage the cost, accessibility, and quality of care.

Managed Care Plan—Any health plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the health benefit plan.

Medicare Appeal—A benefit appeal under Medicare or a Medicare+Choice plan subject to the Medicare grievance process and not subject to the state law.

Medicare+Choice—A federal program providing Medicare coverage through the private insurance market. These plans have a special arrangement between the federal Centers for Medicare & Medicaid Services (CMS) and certain insurance companies. The federal government pays the insurance company a set amount for each Medicare enrollee. The insurance company agrees to provide all Medicare benefits. The insurance company may provide some additional benefits, but it may also require payment of an additional premium. Medicare+Choice plans that are HMOs or preferred provider plans have a "lock in" requirement which means that, except for emergency or urgent care situations away from home, the enrollee must receive all services, including Medicare services, from plan providers.

Medicare Select—A Medicare supplement health insurance product that will pay the Medicare deductibles and copayments and some additional benefits only if the covered services are obtained through specified health care professionals.

Open Panel—A type of health plan other than a closed panel plan that provides incentives for the enrollee to use providers selected by the plan.

Point-of-Service Plan—A type of managed care plan that provides financial incentives to encourage enrollees to use network providers but allows enrollees to choose providers outside the plan.

Preauthorization/Precertification—A provision in insurance policies that requires prior approval by a managed care plan or limited service health organization in order for services to be covered by the plan.

Preferred Provider Plan (PPP)—A health care plan that makes available to its enrollees either comprehensive health care services or a limited range of health care services performed by providers selected by the plan. It allows enrollees to use providers outside the network, but enrollees may be liable for a significant portion of these claims.

Primary Care Provider—A provider selected by a managed care plan or LSHO to provide or arrange health care services for an enrollee and who is designated by the enrollee.

Referral—A process by which the primary care physician makes a request to a managed care plan on behalf of the enrollee to receive medical care from a nonparticipating provider or specialist.

Urgent Care—Medically necessary care for an accident or illness that is needed sooner than a routine doctor's visit.

Managed Care Health Plans

The cost of health care delivery and competition in the health care market has resulted in the development of new ways of providing and paying for health care services. In Wisconsin, there are several alternative delivery systems, all of which are considered some form of managed care plans, such as health maintenance organizations and preferred provider plans.

Health Maintenance Organizations (HMO)

An HMO is a health insurance plan that provides comprehensive, prepaid medical care. It differs from a traditional insurer because it both pays for and provides the medical care. Persons insured by an HMO plan are referred to as enrollees.

In contrast to a traditional health insurance plan, an HMO generally operates on a closed-panel basis. This means that enrollees are required to seek care from a medical provider who is either employed by or under contract to the HMO.

HMOs limit care to a specific geographic area. Except for **serious emergencies** or the need for **urgent care** outside the service area, the HMO will probably not pay for care that enrollees receive from a provider who is not affiliated with the HMO unless the HMO physician refers an enrollee to that provider.

There are now many HMOs that permit enrollees to choose providers who are not on the panel if the enrollee is willing to pay a larger portion of the cost. A typical “**point-of-service**” plan permits an enrollee to make the choice at the time the services are needed. If an enrollee in a point-of-service plan chooses a non-HMO provider, he or she may have to pay a deductible and coinsurance.

HMOs are regulated as insurance companies by the Office of the Commissioner of Insurance (OCI). To do business in the state, an HMO must meet certain financial requirements and abide by relevant insurance laws. OCI must approve policies before they are sold to assure they comply with state laws.

Limited Service Health Organizations (LSHO)

An LSHO is the same as an HMO except that it provides a limited range of health care services. For example, a dental LSHO provides only specific dental services.

Like an HMO, an LSHO operates in a certain geographic area, is limited to specific providers, provides care on a prepaid basis, and is regulated by OCI. The LSHO will normally not pay for services received from a provider who is not affiliated with the organization.

Preferred Provider Plans (PPP)

A PPP pays a specific level of benefits if certain providers are used, and a lesser amount if non-PPP providers are utilized.

Like an HMO and LSHO, a PPP operates in a certain geographic area, is limited to specific providers, and is regulated by OCI. A PPP that has a provider agreement with a hospital may not have an agreement with every provider who provides services at the hospital.

Managed care plans and LSHOs are subject to a variety of state law requirements. Following are some of the more important requirements:

Provider Directories

A managed care plan and LSHO will provide an enrollee with a provider directory listing hospitals, primary care physicians, and specialty providers from whom the enrollee may obtain services. These directories are updated

annually. However, the enrollee should inquire at the time of making an appointment as to whether the provider is currently a member of the managed care organization.

Continuity of Care

If an HMO plan represented a primary care physician (defined as a physician specializing in internal medicine, pediatrics, or family practice) as being available during an open enrollment period, it must make the physician available at no additional cost for the entire plan year. A specialist provider must be made available for the lesser of the course of treatment or 90 days. If an enrollee is in her second trimester of pregnancy, the provider must be available through postpartum care. The exceptions are for a provider who is no longer practicing in the managed care plan's service area or who was terminated from the plan for misconduct.

Referral Procedure

Some HMOs and LSHOs require a referral from a primary care physician before an enrollee can see another plan provider. All HMOs and LSHOs require the enrollee to have a referral that has been approved by the plan before going to a non-plan provider. The certificate booklet includes information on the procedure to follow and any notification requirements.

A managed care plan may not require a referral from a physician for services from a plan chiropractor. It must also allow a woman to receive obstetrical and gynecological services from a plan physician who specializes in obstetrics or gynecology without requiring a referral from her primary care provider.

Managed care plans must have a procedure allowing for standing referrals. A standing referral authorizes an enrollee to be seen by a specialist provider for a specific duration of time or specific number of visits without having to obtain a separate referral from the primary provider for each visit to the specialist.

If an enrollee goes to a non-HMO provider without an approved referral, the claim for those services will not be reimbursed by the HMO or LSHO. Enrollees have the right to file a grievance when a referral is denied.

Questions and Complaints

OCI has an Information and Complaints section dedicated to answering insurance-related questions and assisting individuals who are experiencing problems with their insurance company or their insurance agent. If you have a question regarding your managed care plan or LSHO, contact OCI at:

Office of the Commissioner of Insurance (OCI)
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)

If you have a complaint about your managed care plan or LSHO, you may file a written complaint with OCI. OCI investigates all complaints where it has jurisdiction to help you resolve your problem. For your convenience, there is a [complaint form](#) at the end of this booklet.

Grievance Procedure

Enrollees may wish to first contact the managed care plan or LSHO with a question or complaint. Many complaints can be resolved quickly and require no further action. However, filing a complaint with the plan first is not required. An enrollee can file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the managed care plan or LSHO.

All health insurance plans, including all managed care plans and LSHOs, are required to have an internal grievance procedure for those who are not satisfied with the service they receive. The managed care plan or

LSHO must provide each enrollee with complete and understandable information about how to use the grievance procedure. An enrollee has the right to appear in person before the grievance committee and present additional information.

Managed care plans and LSHOs are required to have a separate expedited grievance procedure for situations where the medical condition requires immediate medical attention. The procedure requires managed care organizations to resolve an expedited grievance within 72 hours after receiving the grievance.

Managed care plans and LSHOs are required to file a report with OCI listing the number of grievances they had in the previous year. A summary of this information for HMOs and LSHOs for 2001, 2002, and 2003 is included in this publication.

Independent Review

A new law provides an individual with an additional way to resolve some disputes involving medical necessity or experimental treatment decisions. In most instances, the enrollee will first complete the health plan's internal grievance process. However, the enrollee may bypass the internal grievance process if he or she needs immediate medical care or if the health plan agrees. The independent review process provides the enrollee with an opportunity to have medical professionals who have no connection to the health plan review the dispute. The enrollee may request that an independent review organization (IRO) review the health plan's decision. The enrollee chooses the IRO from a [list of review organizations certified](#) by OCI. The IRO assigns the dispute to a clinical peer reviewer who is an expert in the treatment of the enrollee's medical condition. The IRO has the authority to determine whether the treatment should be covered by the health plan.

This process became available on June 15, 2002. The health plan is required to provide enrollees with information on the availability of this process whenever it makes a determination that is eligible for the independent review process.

For more information on the independent review process, you may request "[Fact Sheet on the Independent Review Process in Wisconsin](#)" listed on the order form in the back of this booklet.

Managed Care Specialist

The Office of the Commissioner of Insurance established a staff position of Managed Care Specialist in autumn 2000 to assist Wisconsinites who have managed care insurance. The Managed Care Specialist will:

- Answer consumers' questions and inform them of their consumer rights and responsibilities
- Help consumers resolve more complex complaints concerning managed care
- Administer the independent review program
- Monitor the managed care marketplace

You can contact the OCI's Managed Care Specialist at the following electronic mail address: hmo@oci.state.wi.us. You can also call the Information and Complaints line: 1-800-236-8517 (toll-free in Wisconsin) to be connected to the Managed Care Specialist.

Disenrollment

An HMO and an LSHO must disclose in the policy and certificate any circumstances under which an enrollee may be disenrolled. Disenrollment proceedings may be initiated only for the following reasons:

- The enrollee has failed to pay required premiums by the end of the grace period.
- The enrollee has committed acts of physical or verbal abuse which pose a threat to providers or other members of the organization.

- The enrollee has allowed a nonmember to use the HMO's or LSHO's certification card to obtain services or has knowingly provided fraudulent information in applying for coverage.
- The enrollee has moved outside of the geographical service area of the organization.
- The enrollee is unable to establish or maintain a satisfactory physician-patient relationship with the physician responsible for the enrollee's care.

Enrollees have the right to file a grievance when a disenrollment proceeding is initiated.

Second Opinions

Every managed care plan must cover a second opinion from another provider within the managed care plan provider network.

Emergency Care

Every health plan offered in Wisconsin that covers emergency care, including managed care plans, must cover services required to stabilize a condition that most people would consider to be an emergency, without prior authorization. Managed care plans are permitted to charge a reasonable copayment or coinsurance for this benefit.

Requirements Applicable to All Health Plans

Employer's Responsibility

No Wisconsin state or federal insurance law requires employers to offer or provide health insurance for employees. But, if an employer decides to offer health insurance to employees, both state law and federal law impose certain requirements.

An insurer that offers coverage to an employer group must offer coverage to all eligible employees regardless of the employee's health condition. The federal [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and state law place limits on exclusions of preexisting conditions. Plans are required to offer special enrollment periods for all new dependents due to marriage, birth, or adoption and for employees/dependents who initially declined plan coverage because they were covered under another plan.

Mandated Benefits

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits that an insurer must include in certain types of health insurance policies. Except for HMOs organized as cooperatives under ch. 185, Wis. Stat., HMOs are required to provide the same benefits as traditional insurers.

The mandated benefits required by Wisconsin state law include coverage for: health care services provided by certain nonphysician health care providers; adopted children; handicapped children; nervous and mental disorders, alcoholism, and other drug abuse; home health care; skilled nursing care; kidney disease; mammography; new born infants; grandchildren born to dependent children under the age of 18 who are covered by the policy; diabetes; lead screening; temporomandibular joint treatment; breast reconstruction following a mastectomy; anesthesia for certain dental procedures; maternity coverage for all persons covered under the policy if it provides maternity coverage for anyone; and immunizations for children under the age of 6.

If a health insurance plan limits coverage of an experimental treatment, procedure, drug, or device, the insurer is required to clearly disclose those limitations in the policy. Additionally, the insurer must have a process for the enrollee to request a timely review of a denied experimental treatment.

If the health insurer limits coverage of drugs to those on a preapproved list, often called a formulary, the insurer must have a process for the enrollee's physician to present medical evidence to request coverage of a drug that is not on the approved list.

Health insurance plans must provide at least the minimum mandated coverage but may provide benefits that are greater than those mandated by law.

For more information on mandated benefits, you may request "[Fact Sheet on Mandated Benefits in Health Insurance Policies](#)" listed on the order form in the back of this booklet.

Terminations, Denials, and Cancellations

New Policies

When a policy first becomes effective, the insurer may cancel that policy any time within the first 60 days without providing a reason for the cancellation. The cancellation is not effective until at least ten days after the insurance company mails or delivers a written notice of cancellation.

Renewal with Altered Terms

Sometimes an insurer will renew a policy but will raise the rates or make the terms less favorable to the insured. An insurer may not alter the terms of coverage until 60 days after a notice is mailed to the insured individual or group policyholder. To be effective, the notice must be mailed or delivered prior to the renewal date. If the notice is given less than 60 days before the renewal date, the new terms or premium increase will not become effective until 60 days have elapsed from the date the notice is given. These conditions do not apply if the only change is a rate increase of less than 25%.

Renewal of Health Policies

All fully insured comprehensive group and individual health insurance policies are guaranteed renewable under HIPAA and state law as long as premiums are paid on time and certain other conditions are met. Although these policies are guaranteed renewable, premiums may be raised. Guaranteed renewability does not extend to limited benefit plans such as LSHOs, hospital indemnity, or single disease plans.

Managed care plans and LSHOs may also require the enrollee to continue to reside in the service area. Managed care plans and LSHOs may raise premiums on these policies. An optionally renewable policy is one under which the insurer retains some right to refuse renewal. Some health policies are issued for only a short time and are not renewable.

Nonrenewals

If an insurer decides it does not want to renew a policy, it must mail or deliver to the insured individual a nonrenewal notice at least 60 days before the policy's expiration date. The nonrenewal notice must include the specific reasons for nonrenewal.

If an insurer fails to provide notice prior to the expiration date, it must continue the coverage under the terms and premium of the prior policy for the term of the policy or one year, whichever is less.

If an individual is nonrenewed solely because of the termination of an agent's contract with the insurer, the insurer must continue the coverage if the individual requests the insurer to do so in writing prior to the expiration date and meets the insurer's eligibility requirements.

Midterm Cancellations

A midterm cancellation is a cancellation that occurs during the policy term and prior to the policy's expiration or renewal date. An insurance company may cancel coverage during this period only if the premium is not paid or if the policy states other reasons for canceling. The insurer must either mail or deliver to the insured individual a written cancellation notice. No cancellation is effective until at least ten days after the mailing or delivery of the notice.

Grace Period

Although an insurer may cancel a policy for nonpayment of premium, the insured individual may be entitled to a grace period. This is the period during which coverage continues even if the premium has not been paid. For health insurance the grace period is seven days for weekly premium policies, ten days for monthly premium policies, and one month for all other policies.

Anniversary Cancellations

This refers to a policy written for an indefinite term or for more than one year. These policies may be canceled on any anniversary date if the policies contain cancellation provisions. If the insurer decides to cancel the policy on an anniversary date, it must mail or deliver a written notice at least 60 days prior to the anniversary date.

Continuation/Conversion

Federal law requires employers with 20 or more employees to permit persons who would otherwise lose coverage under the plan to continue coverage for 18, 29, or 36 months if they pay the full premium and meet certain notice and eligibility requirements. Federal law applies to both insured and employer self-funded plans.

Similar to federal law, Wisconsin law also allows most persons who would otherwise lose their health coverage the opportunity to continue under the group plan for 18 months if they pay the full premium and meet certain criteria. The state law applies to all insured plans, regardless of the size. State law does not apply to employers who self-fund their health insurance plan.

State law also requires that insurers offer persons eligible for continuation the right to convert to an individual conversion policy that meets certain criteria established by OCI. The premium for conversion policies is typically much higher than a standard individual policy due to the poor health status of most people applying for conversion policies.

Federal law requires the employer to offer a conversion policy to someone who continues coverage if a conversion policy is ordinarily offered to other group members.

For more information on the federal law, **private employers** may contact:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210
Phone: (202) 219-8776
Web site: <http://www.dol.gov/ebsa/>

Other Health Insurance Options

Health Insurance Risk-Sharing Plan

The state legislature recognized that certain individuals, because of their health problems, are unable to secure health insurance through the private market. For that reason, it created the Health Insurance Risk-Sharing Plan (HIRSP) in 1980.

To be eligible for application to HIRSP, an individual must have received, because of some health condition, one of the following within nine months prior to application: a notice of rejection or cancellation from one or more health insurers, a notice of a substantial reduction in benefits, or a notice of premium increase 50% above the standard rate. Persons with HIV or AIDS automatically qualify for HIRSP. HIRSP offers both major medical and Medicare supplement individual policies.

In 1998, HIRSP was expanded to include a new group known as eligible individuals. Eligible individuals are those who meet all of the following: they have at least 18 months of prior insurance coverage, have no break in coverage longer than 63 days, their most recent coverage is employer-sponsored group coverage, AND they have exhausted all their continuation coverage. Eligible individuals do not have to serve the six-month waiting period for preexisting conditions under HIRSP.

HIRSP will now also have an absolute premium cap of 200% of standard individual market rates. A second choice of plans, with a higher annual deductible, has been developed. Eligible individuals who reach age 65 are no longer automatically terminated from HIRSP.

Persons insured under HIRSP pay a premium for the coverage. The benefits are quite comprehensive. There are two policy options, one with a \$1,000 annual deductible and one with a \$2,500 annual deductible. The Medicare supplement policy has a \$500 annual deductible. The policy has a lifetime maximum benefit of \$1 million. There is a six-month waiting period for a preexisting condition (a medical condition that existed prior to coverage under HIRSP). However, individuals who are eligible for HIRSP under the provisions of HIPAA do not have the same preexisting condition waiting period.

A state subsidy is available for low-income persons to help pay for premiums and deductibles. Despite HIRSP's limitations, it is the only health coverage available to some individuals.

Information on HIRSP may be obtained by contacting:

HIRSP Customer Service
6406 Bridge Road, Suite 18
Madison, Wisconsin 53784-0018
(608) 221-4551 (In Madison)
1-800-828-4777 (Statewide)
(608) 226-8770 fax
<http://www.dhfs.state.wi.us/hirsp>

BadgerCare

BadgerCare is a program to assist lower income, working families obtain health insurance at a reasonable price.

To be eligible, you must meet all of the following criteria:

- Children under age 19 living with you;
- Income under 185% of the federal poverty level for your family when you apply; and
- You must not be covered by any other health insurance.

There is no asset test. BadgerCare provides a comprehensive health benefit package. Premiums are generally zero if your family income is less than 150% of the federal poverty level, but in no event will premiums exceed 3% of your family income.

If you would like more information about BadgerCare, call 1-800-362-3002, or visit their Web site at <http://www.dhfs.state.wi.us/badgercare>. You may also contact your local social services office (<http://www.dhfs.state.wi.us/Medicaid1/contacts/medcontact2.htm>).

Questions and Concerns About Your Health Insurance

All companies and agents doing business in Wisconsin are licensed by the Office of the Commissioner of Insurance (OCI). To find out if a company is licensed call (608) 267-9456. For information regarding agents, call (608) 266-8699 or you may call toll-free 1-800-236-8517.

OCI does not have the authority to force a company to insure anyone. However, OCI can take action against agents or insurers who misrepresent coverage, unfairly discriminate, or violate Wisconsin's insurance laws.

In addition to the HMO, LSHO, or PPP, state agencies and your employer may help with complaints. The state agencies to contact are:

Office of the Commissioner of Insurance (OCI)

**P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)
Telephone Message System**

**Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.**

OCI investigates all written complaints against HMOs, LSHOs, and all other insurance companies. Examples of when to contact OCI include: delays in paying claims, underwriting problems including refusal to insure, deceptive or false advertising, misrepresentation by the HMO or LSHO, failure to provide services guaranteed by the policy, and lack of disclosure about what is or is not covered by the policy.

Medicaid and BadgerCare

HMO Ombudsmen

P.O. Box 6470

Madison, WI 53716-0470

1-800-760-0001

(TTY and translation services available)

The Wisconsin Department of Health and Family Services (DHFS) has established a special grievance procedure for Medicaid enrollees in HMOs to use when they need general information or want to file a complaint. This information is available from EDS as listed above. DHFS also encourages the enrollees to contact their individual HMO member services department if they have questions.

Department of Regulation and Licensing (DR&L)

P.O. Box 8935

Madison, WI 53708-8935

(608) 266-7482

<http://drl.wi.gov>

DR&L, through its professional boards, licenses physicians and most other health care providers and takes disciplinary action against a licensee who is proven not to meet minimum standards of professional conduct.

Frequently Asked Questions

How do I select a health plan?

Think about what is most important to you in a health plan: low cost; availability of a specific physician, clinic, or hospital; freedom to see any physician you want; or convenient location of facilities. If you like the physician you are currently seeing, check to see if he or she is a provider in the plan you are considering. If you or a dependent has special medical needs, check that the plan you are considering has adequate medical services and providers for that specialty.

In completing the application, I had to choose a primary care provider. What does that mean?

Your primary care provider is responsible for managing your health care needs. Many HMOs require its members to receive all care from the primary care provider or with a referral from the primary care provider.

What can I do if I want a different primary care provider?

Every plan has its own procedures for changing primary care providers. Some plans will only allow you to change primary care providers once during the year. Others allow you to change as often as you like. This should be explained in your member handbook, or your employer may be able to assist you.

What happens if I need care immediately?

If you need emergency care, most plans will allow you to go to the nearest provider. If it is not an emergency but you need care sooner than a routine doctor's visit, you may be required to go to a plan provider. You should always contact your primary care provider or the insurance company as soon as possible. Some plans require you to pay an additional portion of the charges if you do not contact them within 48 hours of receiving care in an emergency room.

Does it matter if the specialist to whom I am referred is a plan provider?

Yes. Most closed panel plans will require you to see a specialist who is a plan provider if one is able to provide the services you need.

My primary care provider referred me to a nonplan provider. Do I have to contact the insurance company before my appointment?

Yes. Most closed panel plans require a referral to a nonplan provider be preauthorized by the insurance company before the appointment. In some cases, your primary care provider may submit the referral request to the insurer for you, and the insurer will send you a notice letting you know if the referral has been approved. In some cases, you may be required to contact the insurer directly. In any case, if you have not received the authorization from the insurance company prior to your appointment, you should contact the company to determine if the service will be covered.

How are students or dependents living out of the service area covered?

Dependents who live out of the area are generally covered for emergency or urgent medical problems. The dependent would be required to receive all follow-up care and routine care from plan providers in the service area.

May I use any provider I choose under the plan?

If you are covered under an HMO or other closed panel plan, you will need to receive all services from your primary care provider or other plan providers. If you are covered under a preferred provider plan or point-of-service plan, you will be able to choose any provider. However, you will be required to pay a larger portion of the bill if you use a nonplan provider, and may be required to have some services preauthorized by the insurance company. Your member handbook should explain the requirements specific to your plan.

Will I incur any liability if I fail to follow the preauthorization requirements?

Yes. If you fail to follow the required preauthorization procedures, you will be required to pay a larger portion of the claim. In some cases, the plan may determine that the service is not covered under the contract and completely deny the claim.

What is a drug formulary?

Many managed care plans establish a list of prescription drugs which the plan considers medically appropriate and cost effective. This formulary often requires a generic form of a drug to be used.

What if I have a complaint?

You should contact the plan's customer service department. Many problems can be resolved on an informal basis. You can also file a written grievance. All managed care plans are required to have a grievance procedure to resolve a member's problems. This procedure is explained in your member handbook. Grievances are generally resolved within 30 days. If you believe your medical condition needs immediate attention, you may wish to ask that the grievance be considered as an expedited grievance. Expedited grievances must be resolved within 72 hours after receipt.

You can also file a complaint with OCI at any time during the grievance procedure.

My doctor told me he was no longer with the HMO, but I want to stay with him. What can I do?

The agreement between the managed care plan and your doctor is a separate agreement that may terminate any time during the year.

If the provider is your primary provider, the plan must cover your care for the remainder of the plan year.

If you are in your 2nd or 3rd trimester of pregnancy, the plan must cover your care through postpartum care.

If you are seeing a specialist, the plan must cover your care for the lesser of 90 days or through the current course of treatment.

If the provider leaves the plan because he or she no longer practices in the plan's service area or is terminated for misconduct, the foregoing provisions do not apply.

If your employer offers other plans, you may wish to consider changing plans during your employer's open enrollment period.

My doctor never told me he was no longer with the HMO and the HMO did not tell me either. Now I have all these bills the HMO will not cover. What can I do?

If your doctor leaves the HMO in the middle of the plan year, there are notice requirements. The HMO is required to notify you at least 30 days in advance if its contract with your primary care provider is terminated. If it terminates its contract with a specialist, it must either notify you at least 30 days in advance, or require the specialist to post a notice in the provider's office.

If you are receiving bills, you should file a grievance with the plan to explain the extenuating circumstances. You should also file a complaint with OCI.

I disagree with my doctor and want a second opinion. Will the HMO pay for it?

Yes, so long as you go to a plan provider or, if necessary, obtain a referral from your primary provider for the second opinion.

I live in a different county from where I work and my employer only offers an HMO. It is too far for me to go to see the doctor. What can I do?

If you enroll in the HMO, you must follow its procedures. This means that you will be required to receive your care from plan providers.

You may wish to ask your employer to consider offering other coverage.

What do the Medical Expense Ratio and Administrative Expense Ratio tell me?

The Medical Expense Ratio represents the percentage of premiums that are used to pay for the delivery of health care. The Administrative Expense Ratio depicts the percentage of total revenue used to administer the plan. In theory, a company with a low administrative expense ratio would be operating more efficiently than a company with a high ratio. Caution should be used in interpreting the results, however, since too low of a ratio may be indicative of an understaffed plan, and certain activities such as accreditation of the plan's quality improvement and assurance program is expensive and would increase the ratio. The accreditation program is considered by many to be in the member's best interest. The ratio results could raise questions that should be addressed by the plan.

What is a defined network plan?

A defined network plan is the term used in Wisconsin insurance law to refer to any health benefit plan that creates incentives for its enrollees to use network providers. Some defined network plans will provide coverage only if the enrollee uses network providers and other plans will pay a larger portion of the charges if the enrollee uses network providers. HMOs and preferred provider plans are examples of defined network plans. Some people refer to these plans as managed care plans.

I received a provider directory when I enrolled in my health plan. How do I know whether I'm in an HMO, a preferred provider plan (PPP), or some other type of managed care plan? What difference does it make?

When you enrolled, you should have received a certificate of coverage and other written information that explains how your health plan works. This material should describe the benefits covered by your plan and explain any procedures that you must follow in order to receive coverage. It is very important to review this information. It will explain whether you must use plan providers; all of your coverage or whether you can choose any provider. It will also explain when you need a referral from your primary care provider and when you need to contact the health plan for authorization before receiving health care.

If you have any questions about your coverage, call the health plan's customer service department. If you have coverage through your employer, the employer's human resources department may also be able to answer your questions.

I am covered by a group health plan through my employer. I would like to receive a copy of the certificate of insurance. How do I go about obtaining a copy?

Under Wisconsin insurance law health insurers are required to provide insureds with a copy of the health insurance certificate. You should have received a letter from your insurer telling you how to get a copy of the certificate. OCI has taken a position on the method of providing the information. Health insurers can inform individuals, in writing, that the health insurance certificate is available and can be printed from its Internet Web site. The correspondence must also include an offer to provide a paper copy of the certificate if an insured requests it.

Number of Grievances
Health Maintenance Organizations

	2001			2002			2003		
	Plan ¹ Admin.	Benefit ² Denial	Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care Total
Atrium Health Plan	3	27	30	7	72	-	1	20	-
Compcare Health Services Insurance Corp.	7	596	603	56	585	-	20	466	3
Dean Health Plan, Inc.	15	254	269	32	298	20	56	356	23
Group Health Cooperative of Eau Claire	-	32	32	3	16	-	7	9	-
Group Health Cooperative of South Central WI	-	160	160	6	161	-	3	143	-
Gundersen Lutheran Health Plan, Inc.	5	84	89	4	83	2	4	55	-
Health Tradition Health Plan	10	74	84	22	88	1	24	68	-
Humana WI Health Organization Ins. Corp.	90	380	470	52	311	2	8	659	34
Independent Care Health Plan							4	35	-
Managed Health Services Insurance Corp.	12	-	12	6	-	-	3	-	-
Medica Health Plans of WI	3	1	4	-	5	-	-	14	-
Medical Associates Clinic Health Plan of WI	3	18	21	-	7	-	-	12	-
MercyCare Insurance Company	1	28	29	8	61	-	9	116	1
Network Health Plan, Inc.	15	197	212	44	172	14	30	168	14
PHP Insurance Plan, Inc.	8	135	143	2	145	-	30	175	-
Physicians Plus Insurance Corp.	114	656	770	125	353	-	23	168	2
Security Health Plan, Inc.	48	220	268	38	200	-	38	218	-
Touchpoint Health Plan, Inc.	28	257	285	25	314	13	12	308	2
UnitedHealthcare of Wisconsin, Inc.	22	606	628	185	1,013	-	758	570	-
Unity Health Plans Insurance Corp.	29	133	162	74	27	-	99	38	1
Valley Health Plan, Inc.	1	53	54	1	40	-	11	41	-
WPS - NCHPP				-	27	-	-	34	-
Totals	414	3,936	4,350	690	3,951	52	1,140	3,639	80
						4,693			4,859

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

**Number of Grievances (continued)
Health Maintenance Organizations**

	Grievances Per 10,000 Enrollees									
	2001					2002				
	Plan ¹ Admin.	Benefit ² Denial	Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care	Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care
Atrium Health Plan	0.9	8.4	9.4	2.2	22.5	-	24.7	0.2	4.5	-
Compare Health Services Insurance Corp.	0.4	30.8	31.2	2.9	30.3	-	33.2	1.9	45.1	0.3
Dean Health Plan, Inc.	0.8	12.8	13.6	1.6	15.0	1.0	17.7	2.6	16.5	1.1
Group Health Cooperative of Eau Claire	-	13.2	13.2	1.2	6.6	-	7.8	2.9	3.7	-
Group Health Cooperative of South Central WI	-	31.0	31.0	1.2	31.2	-	32.3	0.6	27.6	-
Gundersen Lutheran Health Plan, Inc.	1.6	27.2	28.8	1.3	26.9	0.6	28.8	1.3	17.2	-
Health Tradition Health Plan	3.7	27.1	30.7	8.0	32.2	0.4	40.6	8.4	23.9	-
Humana WI Health Organization Ins. Corp.	12.0	50.9	62.9	7.0	41.6	0.3	48.8	6.3	37.4	0.2
Independent Care Health Plan	1.5	-	1.5	0.8	-	-	0.8	0.3	-	-
Managed Health Services Insurance Corp.	8.1	2.7	10.8	-	13.5	-	13.5	-	40.6	-
Medica Health Plans of WI	5.1	30.8	35.9	-	12.0	-	12.0	-	16.7	-
Medical Associates Clinic Health Plan of WI	0.4	9.9	10.3	2.8	21.6	-	24.5	2.9	37.8	0.3
MercyCare Insurance Company	1.4	19.0	20.4	4.2	16.6	1.3	22.2	2.6	14.5	1.2
Network Health Plan, Inc.	3.0	49.8	52.8	0.7	53.5	-	54.2	9.8	57.4	-
PHP Insurance Plan, Inc.	11.0	63.4	74.5	12.1	34.1	-	46.2	2.6	19.0	0.2
Physicians Plus Insurance Corp.	4.1	18.8	23.0	3.3	17.1	-	20.4	3.2	18.6	-
Security Health Plan, Inc.	2.1	18.9	20.9	1.8	23.0	1.0	25.8	0.9	22.5	0.1
Touchpoint Health Plan, Inc.	0.8	21.7	22.5	6.6	36.4	-	43.0	33.6	25.2	-
UnitedHealthcare of Wisconsin, Inc.	4.0	18.3	22.3	10.2	3.7	-	13.9	12.3	4.7	0.1
Unity Health Plans Insurance Corp.	0.3	17.0	17.3	0.3	12.8	-	13.1	4.4	16.3	-
Valley Health Plan, Inc.										
WPS-NCHPP										
Totals	2.5	24.1	26.6	4.2	24.3	0.3	28.8	7.6	21.2	0.3
										29.1

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

Number of Grievances
Limited Service Health Organizations

	2001			2002			2003		
	Plan ¹ Admin.	Benefit ² Denial	Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care Total
American Dental Plan of WI, Inc.	1	2	3	0	0	1	1	0	0
Care-Plus Dental Plans, Inc.	18	9	27	28	11	13	20	7	11
Chiropractic Services Network	0	0	0	0	0	0	0	0	0
Compcare Health Services Ins. Corp. - Dentacare ³	0	25	25	7	10	10	0	0	0
Delta Dental Plan of WI, Inc. ⁴	6	11	17	3	9	2	1	0	1
Dental Com Insurance Plan	0	0	0	0	0	0	0	0	0
Dental Protection Plan, Inc.	0	0	0	0	0	0	0	0	0
Direct Dental Service Plan (f/k/a Racine Dental Plan, Inc.)	2	0	2	2	0	0	1	0	1
Doral Dental Plan of WI	0	0	0	0	0	0	0	0	0
EyeCare of WI, Inc.	0	0	0	0	0	0	0	0	0
First Allmerica Financial Life Ins. Co. ⁴	13	25	38	74	40	0	57	15	2
First Commonwealth Ltd. Health Service Corp.	2	3	5	1	1	1	7	0	0
Fortis Benefits DentalCare of WI, Inc. ⁵	0	56	56	0	96	0	0	96	0
Heartland Dental Plan, Inc. ³	0	0	0	0	0	0	0	0	0
HumanaDental/Employers Health Ins. Co. ⁴	0	0	0	0	0	0	0	0	0
ReliaStar Life Ins. Co. ⁴	0	0	0	0	0	0	0	0	0
Security Life of Denver ⁴	3	0	3	0	0	0	0	0	0
Signature Dental Plan ⁴	0	6	6	1	2	0	0	0	0
United WI Ins. Co. ⁴	0	5	5	0	0	0	0	0	0
United WI Life Ins. Co. ⁴	0	0	0	0	0	0	0	0	0
Vision Care Network Ins. Corp.	0	0	0	0	0	0	0	0	0
Vision Insurance Plan of America, Inc.	0	0	0	0	0	0	0	0	0
Wisconsin Vision Service Plan, Inc.	29	8	37	0	3	31	104	14	0
Totals	74	151	225	88	161	44	170	125	4
									299

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

³ Compcare Health Services Insurance Corp. assumed the business of Heartland Dental Plan, Inc., in 2001. Heartland dissolved in February 2002.

⁴ Enrollment information is not available.

⁵ f/k/a Protective Dentalcare Inc.

**Number of Grievances (continued)
Limited Service Health Organizations**

	Grievances Per 10,000 Enrollees									
	2001			2002			2003			Total
	Plan ¹ Admin.	Benefit ² Denial	Total	Plan ¹ Admin.	Benefit ² Denial	Quality of Care	Plan ¹ Admin.	Benefit ² Denial	Quality of Care	
American Dental Plan of WI, Inc.	0.9	1.7	2.6	0.0	0.0	0.9	0.9	0.0	0.0	0.9
Care-Plus Dental Plans, Inc.	2.9	1.4	4.3	4.5	1.8	2.1	3.2	1.1	1.8	6.1
Chiropractic Services Network	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Compcare Health Services Ins. Corp. - Dentacare ³	0.0	1.4	1.4	0.5	0.7	0.7	0.0	0.0	0.0	0.0
Delta Dental Plan of WI, Inc. ⁴				0.2	0.7	0.1	0.1	0.0	0.1	0.1
Dental Com Insurance Plan										
Dental Protection Plan, Inc.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Direct Dental Service Plan (f/k/a Racine Dental Plan, Inc.)	4.2	0.0	4.2	5.4	0.0	0.0	3.0	0.0	3.0	6.0
Doral Dental Plan of WI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EyeCare of WI, Inc.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
First Allmerica Financial Life Ins. Co. ⁴										
First Commonwealth Ltd. Health Service Corp.	2.5	4.7	7.2	16.4	8.9	0.0	13.5	3.6	0.5	17.6
Fortis Benefits DentalCare of WI, Inc. ⁵	3.5	5.3	8.8	3.0	3.0	3.0	24.8	0.0	0.0	24.8
Heartland Dental Plan, Inc. ³	0.0	0.0	0.0							
HumanaDental/Employers Health Ins. Co. ⁴										
ReliaStar Life Ins. Co. ⁴										
Security Life of Denver ⁴										
Signature Dental Plan ⁴										
United WI Ins. Co. ⁴										
United WI Life Ins. Co. ⁴										
Vision Care Network Ins. Corp.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vision Insurance Plan of America, Inc.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Wisconsin Vision Service Plan, Inc.	0.9	0.2	1.1	0.0	0.1	0.8	2.2	0.3	0.0	2.5
Totals	1.5	1.7	3.1	1.3	0.8	0.6	2.1	0.4	0.2	2.6

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

³ Compcare Health Services Insurance Corp. assumed the business of Heartland Dental Plan, Inc., in 2001. Heartland dissolved in February 2002.

⁴ Enrollment information is not available.

⁵ f/k/a Protective Dentalcare Inc.

Number of Grievances - 2003 Preferred Provider Plans

	Premium Earned	Enrollees	Plan ¹ Admin.	Benefit ² Denial	Quality of Care	Total
Aetna Life Ins. Co.	\$ *	3,872	1	0	0	1
Alta Health & Life Ins. Co.	0	0	0	0	0	0
American Family Mutual Ins. Co.	*	1,396	26	21	0	47
American National Ins. Co.	15,032	14	0	1	0	1
American National Life Ins. Co. of TX	1,730,469	891	1	41	0	42
American Republic Ins. Co.	4,957,832	2,726	1	8	0	9
Ameritas Life Ins. Corp.	0	0	0	0	0	0
Avemco Ins. Co.	5,257,309	1,110	41	79	0	120
Bankers Life and Casualty Co.	1,602,561	789	0	0	0	0
Blue Cross & Blue Shield United of WI	469,338,966	86,314	0	227	0	227
Boston Mutual Life Ins. Co.	73,442	175	0	0	0	0
Celtic Ins. Co.	*	792	23	17	0	40
Central Reserve Life Ins. Co.	4,497,701	1,094	1	86	0	87
Connecticut General Life Ins. Co.	1,945,000	108,504	4	71	2	77
Continental Assurance Co.	0	0	0	0	0	0
Continental Casualty Co.	0	0	0	0	0	0
Continental General Ins. Co.	*	592	0	32	0	32
Empire Fire and Marine Ins. Co.	1,104,361	416	11	9	0	20
EPIC Life Ins. Co. a WPS Co.	795,015	267	0	1	0	1
Federated Mutual Ins. Co.	24,412,000	736	1	42	0	43
Fidelity Security Life Ins. Co.	371,220	358	15	0	0	15
First Allmerica Financial Life Ins. Co.	0	0	0	0	0	0
Fortis Benefits Ins. Co.	3,863,025	2,054	18	10	0	28
Fortis Ins. Co.	38,278,156	25,405	329	173	0	502
Golden Rule Ins. Co.	54,039,270	8,795	0	42	0	42
Great Midwest Ins. Co.	712,449	247	3	0	0	3
Great-West Life & Annuity Ins. Co.	*	164	0	1	0	1
Great-West Life Assurance Co.	0	0	0	0	0	0
Humana Ins. Co.	139,355,382	82,621	3	285	6	294
John Alden Life Ins. Co.	11,336,947	6,143	71	34	0	105
Life Investors Ins. Co. of America	*	55	7	4	0	11
Medica Ins. Co.	0	0	0	0	0	0
Meriter Health Ins. Co.	2,685,038	182	0	0	0	0
Metropolitan Life Ins. Co.	*	*	0	10	0	10
Midwest Security Life Ins. Co.	217,446,564	40,180	0	223	0	223
MII Life, Inc.	0	0	0	0	0	0
Mutual of Omaha Ins. Co.	*	73	3	2	0	5
New England Life Ins. Co.	1,970,665	279	0	47	0	47
Nippon Life Ins. Co.	1,473,783	535	0	1	0	1
Pacific Life & Annuity Co.	9,749,509	5,620	1	37	0	38
Pekin Life Ins. Co.	8,783,095	1,133	12	11	0	23

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

* Premium and/or enrollment was not reported.

Reported information has not been audited.

Number of Grievances - 2003(continued)
Preferred Provider Plans

	Premium Earned	Enrollees	Plan¹ Admin.	Benefit² Denial	Quality of Care	Total
Physicians Mutual Ins. Co.	\$ *	10	1	0	0	1
Principal Life Ins. Co.	71,780,696	24,673	0	20	0	20
Reliance Standard Life Ins. Co.	0	0	0	0	0	0
ReliaStar Life Ins. Co.	*	1,949	0	0	0	0
Standard Security Life Ins. Co. of NY	*	*	3	3	1	7
Trustmark Ins. Co.	29,732,644	8,293	41	80	0	121
UNICARE Life & Health Ins. Co.	11,462,195	3,914	13	8	0	21
United of Omaha Life Ins. Co.	*	45	19	5	0	24
United WI Ins. Co.	*	21,212	0	11	0	11
United WI Life Ins. Co.	37,056,453	10,236	39	190	0	229
UnitedHealthCare Ins. Co.	51,611,474	15,248	69	38	0	107
WEA Ins. Corp.	223,034,950	51,987	2	31	1	34
Wisconsin Auto and Truck Dealers Ins. Corp.	18,536,860	2,886	0	20	0	20
Wisconsin Physicians Service Ins. Corp.	208,366,335	69,524	0	476	0	476
World Ins. Co.	2,056,376	438	14	12	0	26
Totals	\$1,659,432,774	593,160	773	2,409	10	3,192

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

* Premium and/or enrollment was not reported.

Reported information has not been audited.

COUNTIES SERVED BY HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Adams	Dean Health Plan, Inc. Security Health Plan of Wisconsin, Inc. Unity Health Plans Insurance Corporation
Ashland	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc.
Barron	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Bayfield	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc.
Brown	Compcare Health Services Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Buffalo	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Valley Health Plan, Inc.
Burnett	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Valley Health Plan, Inc.
Calumet	Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.

Chippewa	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Clark	Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Columbia	Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
Crawford	Atrium Health Plan, Inc. Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Medical Associates Clinic Health Plan of Wisconsin Unity Health Plans Insurance Corporation
Dane	Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin MercyCare Insurance Company Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
Dodge	Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
Door	PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Douglas	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc.

Dunn	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
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Eau Claire	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
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Florence	Compcare Health Services Insurance Corporation
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Fond du Lac	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
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Forest	Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
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Grant	Atrium Health Plan, Inc. Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Medical Associates Clinic Health Plan of Wisconsin Unity Health Plans Insurance Corporation
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Green	Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation MercyCare Insurance Company Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
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Green Lake	Dean Health Plan, Inc. Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
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Iowa	Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Medical Associates Clinic Health Plan of Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
Iron	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Jackson	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Jefferson	Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corp. Managed Health Services Insurance Corporation MercyCare Insurance Company Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
Juneau	Atrium Health Plan, Inc. Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. Unity Health Plans Insurance Corporation
Kenosha	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.
Kewaunee	PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
La Crosse	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Valley Health Plan, Inc.

Lafayette	Dean Health Plan, Inc. Medical Associates Clinic Health Plan of Wisconsin Unity Health Plans Insurance Corporation
Langlade	Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Lincoln	Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Manitowoc	Compcare Health Services Insurance Corporation Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Marathon	Compcare Health Services Insurance Corporation Managed Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Marinette	Compcare Health Services Insurance Corporation Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Marquette	Dean Health Plan, Inc. Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
Menominee	Compcare Health Services Insurance Corporation Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Milwaukee	Compcare Health Services Insurance Corporation Humana Wisconsin Health Organization Insurance Corporation Independent Care Health Plan Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.

Monroe	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Oconto	Compcare Health Services Insurance Corporation PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Onieda	Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Outagamie	Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. PHP Insurance Plan, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Ozaukee	Compcare Health Services Insurance Corporation Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.
Pepin	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Pierce	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc. Valley Health Plan, Inc.
Polk	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc. Valley Health Plan, Inc.

Portage	Compcare Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Price	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
Racine	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.
Richland	Atrium Health Plan, Inc. Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
Rock	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation MercyCare Insurance Company Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation
Rusk	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
St. Croix	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Medica Health Plans of Wisconsin, Inc. Valley Health Plan, Inc.
Sauk	Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation

Sawyer	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Shawano	Compcare Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Sheboygan	Compcare Health Services Insurance Corporation Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
Taylor	Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Trempealeau	Atrium Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
Vernon	Atrium Health Plan, Inc. Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Unity Health Plans Insurance Corporation
Vilas	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.

Walworth	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation MercyCare Insurance Company UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
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Washburn	Atrium Health Plan, Inc. Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Medica Health Plans of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Valley Health Plan, Inc.
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Washington	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.
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Waukesha	Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corporation UnitedHealthcare of Wisconsin, Inc.
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Waupaca	Compcare Health Services Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
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Waushara	Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Security Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation
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Winnebago	Compcare Health Services Insurance Corporation Managed Health Services Insurance Corporation Network Health Plan of Wisconsin, Inc. Touchpoint Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc.
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Wood	Compcare Health Services Insurance Corporation Managed Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc.
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Directory of Licensed HMOs

This list includes only HMOs that are licensed separately. Some HMOs are not separately licensed but are offered as a line of business of an insurance company. These plans are not listed in this directory.

Atrium Health Plan, Inc.
400 Second Street South, Suite 270
Hudson, WI 54016-5802
(715) 386-6886
1-800-535-4041
<http://www.atriumhealthplan.com>

Compcare Health Services Ins. Corp.
401 West Michigan Street
Milwaukee, WI 53203-2804
(262) 787-3402
1-800-242-7312
<http://www.bluecrosswisconsin.com>

Dean Health Plan, Inc.
d/b/a DeanCareHMO
1277 Deming Way
P. O. Box 56099
Madison, WI 53705-9399
(608) 836-1400
1-800-356-7344
<http://www.deancare.com>

Group Health Cooperative of Eau Claire
P. O. Box 3217
Eau Claire, WI 54702-3217
(715) 552-4300
1-888-203-7770
<http://www.group-health.com>

Group Health Cooperative of South
Central Wisconsin
8202 Excelsior Drive
P. O. Box 44971
Madison, WI 53744-4971
(608) 828-4853
1-800-605-4327
<http://www.ghc-hmo.com>

Gundersen Lutheran Health Plan, Inc.
1836 South Avenue
La Crosse, WI 54601
(608) 782-7300
1-800-362-9567
<http://gundluth.org>

Health Tradition Health Plan
* f/k/a Greater La Crosse Health Plans, Inc.
1808 East Main Street
Onalaska, WI 54650
(608) 781-9692
1-888-459-3020
<http://www.healthtradition.com>

Humana Wisconsin Health Org. Ins. Corp.
Two Riverwood Place, Suite 300
N19 W24133 Riverwood Dr.
Waukesha, WI 53188
(262) 951-2300
1-800-825-9900
<http://www.humana.com>

Independent Care Health Plan
1555 North RiverCenter Drive, Suite 202A
Milwaukee, WI 53212
(414) 223-4847
1-800-777-4376
<http://www.icare-wi.org>

Managed Health Services Ins. Corp.
1205 South 70th Street, Suite 500
West Allis, WI 53214
(414) 345-4600
1-800-547-1647
<http://www.mhswi.com>

Medica Health Plans of Wisconsin
5601 Smetana Drive
Minnetonka, MN 55343
(952) 945-8000
1-800-952-3455
<http://www.medica.com>

Medical Associates Clinic Health
Plan of Wisconsin, The
1500 Associates Drive
Dubuque, IA 52002
(563) 556-8070
1-800-747-8900
<http://mahealthcare.com>

* f/k/a = formerly known as

Directory of Licensed HMOs (continued)

MercyCare Insurance Company
*f/k/a MercyCare Health Plan, Inc.
3430 Palmer Drive
P. O. Box 2770
Janesville, WI 53547-2770
(608) 752-3431
1-800-752-3431
<http://www.mercyhealthsystem.org>

Network Health Plan of Wisconsin, Inc.
1570 Midway Road
P. O. Box 120
Menasha, WI 54952-5754
(920) 720-1300
1-800-826-0940
<http://www.networkhealth.com>

PHP Insurance Plan, Inc.
*f/k/a Prevea Health Insurance Plan, Inc.
2710 Executive Drive
Green Bay, WI 54304
(920) 490-6900
1-888-711-1444
<http://www.prevea.com>

Physicians Plus Ins. Corp.
22 East Mifflin Street, Suite 200
Madison, WI 53703
(608) 282-8900
1-800-545-5015
<http://www.pplusic.com>

Security Health Plan of Wisconsin, Inc.
1515 Saint Joseph Avenue
P. O. Box 8000
Marshfield, WI 54449
(715) 221-9555
1-800-472-2363
<http://www.securityhealth.org>

Touchpoint Health Plan, Inc.
*f/k/a United Health of Wisconsin Ins. Co., Inc.
5 Innovation Court
P. O. Box 507
Appleton, WI 54912-0507
(920) 735-6300
1-800-735-6305
<http://www.touchpointhealth.com>

UnitedHealthcare of Wisconsin, Inc.
*f/k/a PrimeCare Health Plan, Inc.
10701 West Research Drive
Wauwatosa, WI 53226-0649
(414) 443-4000
1-800-879-0071
<http://www.unitedhealthcare.com>

Unity Health Plans Ins. Corp.
840 Carolina Street
Sauk City, WI 53583-1374
(608) 643-2491
1-800-362-3308
<http://www.unityhealth.com>

Valley Health Plan, Inc.
20855 Watertown Road, Suite 140
Waukesha, WI 53186
(262) 785-7832
1-800-472-5411
<http://www.valleyhealth.biz>

* f/k/a = formerly known as

Directory of Licensed LSHOs and Counties Served

This list includes only LSHOs that are licensed separately. Some LSHOs are not separately licensed but are offered as a line of business of an insurance company. These plans are not listed in this directory.

Name of Insurer	Counties Served*
American Dental Plan of Wisconsin, Inc. P. O. Box 44966 Madison, WI 53744-4966 (608)831-1047	Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Richland, Rock, Sauk, Waukesha
Care-Plus Dental Plans, Inc. 11711 West Burleigh Street Wauwatosa, WI 53222-3108 (414)771-1711	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago
Chiropractic Services Network, Inc. P.O. Box 2602 Appleton, WI 54912-2602 (920)832-9950	Brown, Calumet, Fond du Lac, Green Lake, Manitowoc, Outagamie, Sheboygan, Waupaca, Waushara, Winnebago
Dental Com Insurance Plan 306 West McMillan Road Marshfield, WI 54449 (715)387-1702	Clark, Marathon, Portage, Taylor, Wood
Dental Protection Plan, Inc. 7130 West Greenfield Avenue West Allis, WI 53214-4708 (414)259-9522	Southeastern Wisconsin, Dunn, Eau Claire, Outagamie, Winnebago
Direct Dental Services Plan, Inc. 1320 South Green Bay Road Racine, WI 53406 (262)637-9371	Kenosha, Racine
Doral Dental Plan of WI, Inc. 12121 North Corporate Parkway Mequon, WI 53092 (262)241-7140	Milwaukee, Waukesha, Racine, Kenosha, Ozaukee, Washington, Jefferson
Eye Care of Wisconsin, Inc. 8633 North Port Washington Road Fox Point, WI 53217 (414)351-3030 1-800-373-6370	Statewide

* Plans may serve only portions of listed counties. Consult the plan for more detailed information.

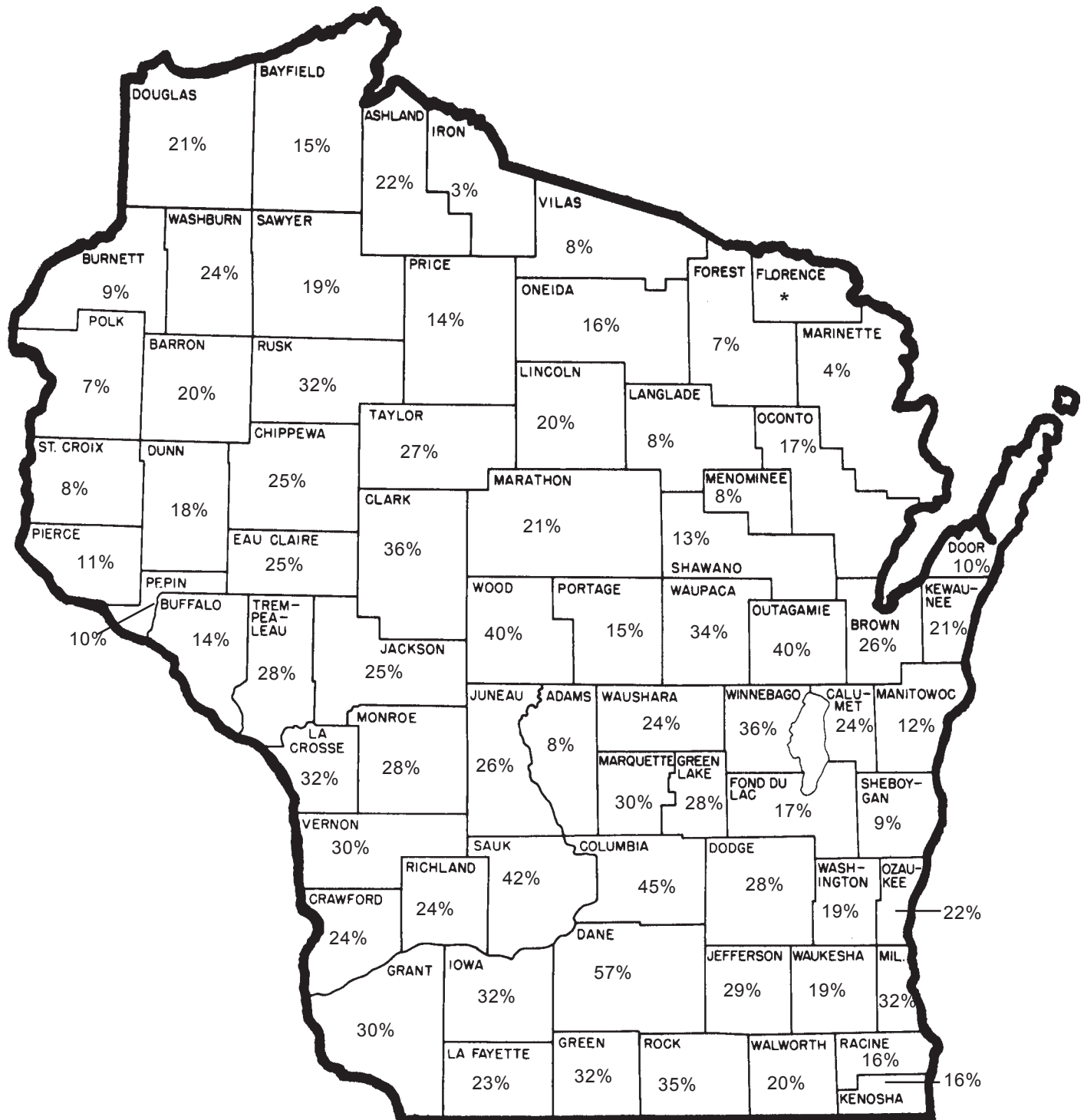
Directory of Licensed LSHOs and Counties Served (continued)

Name of Insurer	Counties Served*
First Commonwealth Limited Health Service Corporation 444 North Wells Street, Suite 600 Chicago, IL 60610-4522 (312)644-1800	Brown, Dane, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Walworth, Washington, Waukesha
Fortis Benefits DentalCare of Wisconsin, Inc. 2323 Grand Boulevard Kansas City, MO 64108 (816)474-2345 1-800-866-3555	Dodge, Green, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Washington, Walworth, Waukesha
Vision Care Network Insurance Corp. 1421 Washington Avenue Racine, WI 53403-2254 (262)637-7494	Kenosha, Milwaukee, Racine
Vision Insurance Plan of America, Inc. P.O. Box 44077 West Allis, WI 53214 (414)475-1875	Statewide

* Plans may serve only portions of listed counties. Consult the plan for more detailed information.

Table 1

Wisconsin Counties Enrollment
As of January 1, 2004**



Percentages are based on U.S. Census Bureau estimates as of July 1, 2003, and are rounded to nearest whole percent.

* Less than 1% of population enrolled in HMOs.

** Includes data from separately licensed HMOs only. HMOs operated as a line of business within a traditional insurer are not included. Percentages include enrollees in both closed panel and point-of-service plans.

Table 1A

**Wisconsin Counties Enrollment
As of January 1, 2004**

	HMO			POS			Total HMO & POS	Popu- lation	Pene- tration
	Large Group & Other	Small Group	Total HMO	Large Group & Other	Small Group	Total POS			
Adams	165	1,231	1,396	80	72	152	1,548	20,567	8%
Ashland	46	2,293	2,339	451	947	1,398	3,737	16,651	22%
Barron	416	7,310	7,726	555	661	1,216	8,942	45,514	20%
Bayfield	6	1,254	1,260	353	649	1,002	2,262	15,114	15%
Brown	2,580	39,955	42,535	6,715	10,627	17,342	59,877	233,888	26%
Buffalo	240	1,370	1,610	123	269	392	2,002	13,814	14%
Burnett	2	1,136	1,138	328	31	359	1,497	16,242	9%
Calumet	1,478	7,027	8,505	614	1,116	1,730	10,235	43,383	24%
Chippewa	897	12,729	13,626	298	83	381	14,007	56,773	25%
Clark	1,357	10,889	12,246	19	52	71	12,317	33,969	36%
Columbia	2,407	20,250	22,657	966	824	1,790	24,447	54,076	45%
Crawford	366	3,368	3,734	98	168	266	4,000	16,949	24%
Dane	26,948	216,473	243,421	5,921	7,341	13,262	256,683	449,378	57%
Dodge	1,189	19,924	21,113	1,829	1,506	3,335	24,448	87,115	28%
Door	154	597	751	701	1,316	2,017	2,768	28,402	10%
Douglas	0	6,265	6,265	662	2,258	2,920	9,185	44,093	21%
Dunn	458	6,586	7,044	124	121	245	7,289	41,114	18%
Eau Claire	1,267	21,146	22,413	351	693	1,044	23,457	94,186	25%
Florence	0	14	14	6	6	12	26	5,081	1%
Fond du Lac	675	13,378	14,053	1,091	1,449	2,540	16,593	97,833	17%
Forest	9	632	641	18	14	32	673	9,938	7%
Grant	1,658	12,422	14,080	409	539	948	15,028	49,368	30%
Green	1,058	9,303	10,361	313	389	702	11,063	34,280	32%
Green Lake	579	3,906	4,485	402	526	928	5,413	19,204	28%
Iowa	768	6,144	6,912	363	222	585	7,497	23,288	32%
Iron	7	157	164	39	16	55	219	6,727	3%
Jackson	315	4,279	4,594	151	178	329	4,923	19,538	25%
Jefferson	1,528	18,220	19,748	1,543	878	2,421	22,169	77,421	29%
Juneau	735	5,299	6,034	232	324	556	6,590	25,029	26%
Kenosha	275	17,251	17,526	3,011	3,880	6,891	24,417	156,209	16%
Kewaunee	121	2,216	2,337	669	1,243	1,912	4,249	20,455	21%
La Crosse	2,668	28,442	31,110	1,870	2,038	3,908	35,018	108,612	32%
Lafayette	726	2,810	3,536	206	70	276	3,812	16,341	23%
Langlade	74	1,657	1,731	21	6	27	1,758	20,788	8%
Lincoln	297	5,826	6,123	10	24	34	6,157	30,076	20%
Manitowoc	166	6,821	6,987	1,321	1,347	2,668	9,655	82,065	12%
Marathon	1,686	25,203	26,889	45	88	133	27,022	127,168	21%
Marquette	57	770	827	197	573	770	1,597	43,237	4%
Marquette	367	3,610	3,977	218	271	489	4,466	14,853	30%
Menominee	9	283	292	33	59	92	384	4,623	8%
Milwaukee	1,204	223,383	224,587	36,936	32,528	69,464	294,051	933,221	32%
Monroe	1,139	9,770	10,909	493	348	841	11,750	41,796	28%
Oconto	430	3,527	3,957	1,024	1,214	2,238	6,195	36,904	17%
Oneida	262	5,740	6,002	18	16	34	6,036	37,187	16%
Outagamie	10,031	48,917	58,948	4,150	4,472	8,622	67,570	167,411	40%
Ozaukee	92	7,806	7,898	6,592	3,895	10,487	18,385	84,772	22%
Pepin	42	640	682	36	17	53	735	7,383	10%
Pierce	41	3,333	3,374	453	278	731	4,105	37,872	11%
Polk	7	630	637	1,060	1,120	2,180	2,817	43,270	7%
Portage	684	9,450	10,134	36	81	117	10,251	67,386	15%
Price	245	1,885	2,130	7	16	23	2,153	15,401	14%
Racine	261	17,530	17,791	7,212	4,902	12,114	29,905	192,284	16%
Richland	366	3,697	4,063	143	128	271	4,334	18,193	24%

Table 1A (continued)

**Wisconsin Counties Enrollment
As of January 1, 2004**

	HMO			POS			Total HMO & POS	Popu- lation	Pene- tration
	Large Group & Other	Small Group	Total HMO	Large Group & Other	Small Group	Total POS			
Rock	3,310	49,511	52,821	780	873	1,653	54,474	154,794	35%
Rusk	241	4,545	4,786	82	11	93	4,879	15,268	32%
St Croix	41	3,827	3,868	1,392	545	1,937	5,805	71,155	8%
Sauk	2,557	19,309	21,866	807	760	1,567	23,433	56,432	42%
Sawyer	26	2,087	2,113	403	583	986	3,099	16,713	19%
Shawano	776	3,482	4,258	608	640	1,248	5,506	41,050	13%
Sheboygan	67	7,590	7,657	1,351	1,454	2,805	10,462	113,376	9%
Taylor	445	4,750	5,195	7	9	16	5,211	19,539	27%
Trempealeau	519	6,363	6,882	422	272	694	7,576	27,306	28%
Vernon	714	6,973	7,687	401	541	942	8,629	28,496	30%
Vilas	208	1,562	1,770	11	43	54	1,824	22,041	8%
Walworth	1,273	15,831	17,104	1,548	1,136	2,684	19,788	96,812	20%
Washburn	35	3,089	3,124	619	230	849	3,973	16,466	24%
Washington	217	9,382	9,599	7,742	5,378	13,120	22,719	122,241	19%
Waukesha	732	27,362	28,094	28,923	14,787	43,710	71,804	374,079	19%
Waupaca	2,885	12,378	15,263	1,110	1,493	2,603	17,866	52,564	34%
Waushara	458	4,483	4,941	392	319	711	5,652	23,623	24%
Winnebago	6,008	44,505	50,513	2,549	4,539	7,088	57,601	158,500	36%
Wood	1,967	28,235	30,202	32	124	156	30,358	75,402	40%
Totals	1,228,824	1,140,018	1,231,055	139,695	125,626	265,321	1,496,376	5,472,299	27%

Percentages are based on U.S. Census Bureau estimates as of July 1, 2003, and are rounded to nearest whole percent.

Table 2

**Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-EC	GHC-SC WI	Gunder- sen	Health Tradition	Humana	I-Care	Managed Health	Medica
Adams	0	1	372	0	65	11	11	0	0	0	0
Ashland	1,602	3	2	280	0	0	0	3	0	0	0
Barron	1,449	0	4	1,876	0	6	0	232	0	0	0
Bayfield	1,036	1	5	166	0	0	1	14	0	0	0
Brown	0	1,415	12	4	0	2	0	10	0	4,567	0
Buffalo	404	0	1	336	0	67	207	61	0	0	0
Burnett	887	0	2	205	0	0	0	14	0	0	0
Calumet	0	13	1	0	0	0	0	13	0	334	0
Chippewa	1,905	1	4	4,587	0	1	5	494	0	0	0
Clark	32	2	2	390	0	18	33	8	0	0	0
Columbia	0	8	13,058	2	1,598	7	8	10	0	0	0
Crawford	1,066	0	273	0	0	1,005	773	1	0	0	0
Dane	2	23	89,411	6	45,657	13	8	35	0	0	0
Dodge	0	189	14,778	0	82	1	0	228	0	1,541	0
Door	0	18	8	0	0	0	0	2	0	0	0
Douglas	4,878	0	0	1,031	0	0	0	331	0	0	0
Dunn	1,836	0	4	1,575	0	0	4	1,460	0	0	0
Eau Claire	2,546	4	4	8,278	0	10	68	1,506	0	0	0
Florence	0	0	0	0	0	0	0	2	0	0	0
Fond du Lac	0	479	1,492	0	3	0	1	317	0	2,335	0
Forest	0	0	2	0	0	0	0	0	0	0	0
Grant	84	0	6,400	0	36	163	47	0	0	0	0
Green	0	0	5,525	0	906	0	0	4	0	0	0
Green Lake	0	5	563	0	0	0	0	2	0	247	0
Iowa	0	0	4,210	0	386	5	2	0	0	0	0
Iron	16	0	1	5	0	0	0	0	0	0	0
Jackson	980	0	7	302	0	1,286	1,203	13	0	0	0
Jefferson	0	119	13,281	0	398	0	0	255	0	858	0
Juneau	298	0	994	0	24	964	765	0	0	0	0
Kenosha	0	929	202	3	0	0	1	4,351	0	8,883	0
Kewaunee	0	44	1	0	0	0	0	1	0	0	0
La Crosse	4,249	0	20	0	0	15,384	11,393	1	0	0	0
Lafayette	0	0	2,028	0	163	0	0	0	0	0	0
Langlade	0	0	2	0	0	0	1	2	0	0	0
Lincoln	0	7	3	0	4	0	0	0	0	0	0
Manitowoc	0	195	15	0	0	1	0	184	0	2,885	0
Marathon	0	3	15	8	0	1	0	2	0	2,113	0
Marinette	0	9	1	0	0	0	0	2	0	0	0
Marquette	0	5	1,804	0	34	2	0	3	0	0	0
Menominee	0	0	0	0	0	0	0	0	0	0	0
Milwaukee	0	33,018	145	0	40	5	3	37,028	6,007	65,867	0

Table 2 (continued)

**Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-EC	GHC-SC WI	Gunder- sen	Health Tradition	Humana	I-Care	Managed Health	Medica
Monroe	1,692	87	58	2	0	3,479	5,346	0	0	0	0
Oconto	0	73	0	0	0	0	0	0	0	0	0
Oneida	0	0	19	3	0	0	0	2	0	193	0
Outagamie	1	46	12	0	0	2	0	3	0	743	0
Ozaukee	0	951	17	0	0	0	1	4,604	0	1,213	0
Pepin	99	1	0	145	0	1	0	169	0	0	0
Pierce	1,159	0	0	653	0	0	0	1,358	0	0	0
Polk	346	0	1	48	0	0	3	128	0	0	0
Portage	0	26	8	0	0	0	1	1	0	0	0
Price	1	8	10	3	0	0	0	0	0	0	0
Racine	0	3,277	1,108	0	0	1	0	6,168	0	1,643	0
Richland	35	19	2,044	0	44	263	6	0	0	0	0
Rock	0	5	22,811	0	623	1	0	646	0	5,529	0
Rusk	300	0	0	545	0	0	0	5	0	0	0
St. Croix	2,243	1	2	723	0	13	1	703	0	0	0
Sauk	19	0	15,051	0	399	26	6	0	0	0	0
Sawyer	1,329	0	9	288	0	1	5	1	0	0	0
Shawano	0	23	5	0	0	0	0	0	0	0	0
Sheboygan	0	764	18	0	0	0	0	631	0	3,425	0
Taylor	4	0	3	77	0	1	1	1	0	0	0
Trempealeau	1,086	1	4	609	0	2,002	2,405	150	0	0	0
Vernon	1,321	0	221	0	0	4,297	1,552	0	0	0	0
Vilas	2	1	14	0	5	0	0	0	0	0	0
Walworth	0	266	7,564	0	27	1	0	383	0	1,991	0
Washburn	2,117	1	3	671	0	0	1	28	0	0	0
Washington	0	1,244	65	0	0	1	0	2,969	0	3,182	0
Waukesha	1	5,519	1,002	0	31	2	2	9,592	0	3,426	0
Waupaca	0	44	8	0	0	0	3	1	0	251	0
Waushara	0	9	92	0	0	0	3	2	0	322	0
Winnebago	0	51	102	1	0	6	1	3	0	1,791	0
Wood	1	458	39	0	11	6	18	0	0	1,011	0
Totals	35,026	49,366	204,942	22,822	50,536	29,055	23,889	74,137	6,007	114,350	0

Table 2 (continued)

**Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2004**

	Medical Assoc.	Mercy- Care	Network Health	PHP	Physi- cians Plus	Security Health	Touch- point Health	UHC of WI	Unity Health	Valley Health	Totals
Adams	0	2	3	13	29	98	0	0	790	1	1,396
Ashland	0	0	0	0	1	448	0	0	0	0	2,339
Barron	0	0	0	0	1	2,015	0	0	2	2,141	7,726
Bayfield	0	0	0	1	0	26	0	0	0	10	1,260
Brown	0	0	5,423	11,288	4	62	19,739	1	7	1	42,535
Buffalo	0	0	0	0	0	47	0	0	2	485	1,610
Burnett	0	0	0	0	0	22	0	0	0	8	1,138
Calumet	0	0	6,412	31	4	0	1,697	0	0	0	8,505
Chippewa	0	0	1	0	2	5,169	0	0	0	1,457	13,626
Clark	0	1	1	4	1	11,734	0	0	0	20	12,246
Columbia	0	2	12	0	5,040	21	8	0	2,883	0	22,657
Crawford	405	4	0	0	50	5	0	0	152	0	3,734
Dane	0	193	21	0	66,442	64	7	5	41,525	9	243,421
Dodge	0	16	1,528	2	827	8	29	39	1,845	0	21,113
Door	0	2	6	103	1	3	603	0	5	0	751
Douglas	0	0	0	0	1	19	0	0	0	5	6,265
Dunn	0	0	0	1	0	270	0	0	4	1,890	7,044
Eau Claire	0	0	1	0	9	2,743	0	0	11	7,233	22,413
Florence	0	0	1	1	0	7	3	0	0	0	14
Fond du Lac	0	1	7,762	7	27	6	993	8	621	1	14,053
Forest	0	0	5	0	0	621	11	0	2	0	641
Grant	5,608	2	2	0	269	0	0	0	1,469	0	14,080
Green	6	637	2	0	1,821	5	0	0	1,454	1	10,361
Green Lake	0	0	2,049	2	67	7	1,225	0	318	0	4,485
Iowa	50	1	0	0	1,494	5	0	0	759	0	6,912
Iron	0	0	0	0	0	142	0	0	0	0	164
Jackson	0	4	2	0	0	761	0	0	2	34	4,594
Jefferson	0	1,859	676	0	1,647	3	0	31	621	0	19,748
Juneau	0	5	4	0	149	76	0	0	2,755	0	6,034
Kenosha	0	38	2,768	0	2	0	2	344	2	1	17,526
Kewaunee	0	0	5	607	0	5	1,674	0	0	0	2,337
La Crosse	0	0	0	0	2	48	0	0	12	1	31,110
Lafayette	610	6	0	4	338	1	0	0	386	0	3,536
Langlade	0	0	5	3	2	1,673	38	0	3	2	1,731
Lincoln	0	0	0	0	5	6,104	0	0	0	0	6,123
Manitowoc	0	1	2,197	234	0	36	1,239	0	0	0	6,987
Marathon	0	1	770	1	1	23,944	20	0	10	0	26,889
Marinette	0	0	13	134	1	10	655	2	0	0	827
Marquette	0	0	237	0	336	14	118	0	1,424	0	3,977
Menominee	0	0	10	1	0	2	277	2	0	0	292
Milwaukee	0	28	13,526	5	29	87	15	68,755	29	0	224,587

Table 2 (continued)

**Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2004**

	Medical Assoc.	Mercy- Care	Network Health	PHP	Physi- cians Plus	Security Health	Touch- point Health	UHC of WI	Unity Health	Valley Health	Totals
Monroe	0	0	0	0	7	60	0	0	178	0	10,909
Oconto	0	0	38	1,170	3	11	2,660	0	2	0	3,957
Oneida	0	0	225	0	2	5,555	0	0	3	0	6,002
Outagamie	0	6	21,605	759	5	81	35,675	1	9	0	58,948
Ozaukee	0	1	558	0	1	26	0	525	1	0	7,898
Pepin	0	0	0	0	0	34	0	0	0	233	682
Pierce	0	0	0	0	0	16	0	0	0	188	3,374
Polk	0	0	0	0	0	38	0	0	3	70	637
Portage	0	2	78	4	12	9,957	21	0	24	0	10,134
Price	0	0	0	0	0	2,108	0	0	0	0	2,130
Racine	0	135	507	0	6	11	1	4,931	3	0	17,791
Richland	0	2	0	0	524	9	0	0	1,117	0	4,063
Rock	0	20,934	7	0	1,495	16	0	1	753	0	52,821
Rusk	0	0	1	0	3	3,862	0	0	0	70	4,786
St. Croix	0	0	0	0	2	12	0	3	1	164	3,868
Sauk	0	0	0	0	3,009	7	0	3	3,346	0	21,866
Sawyer	0	2	0	0	2	447	0	0	5	24	2,113
Shawano	0	0	196	212	0	577	3,244	0	1	0	4,258
Sheboygan	0	0	2,598	3	2	5	183	24	4	0	7,657
Taylor	0	1	0	0	0	5,104	0	0	0	3	5,195
Trempealeau	0	0	0	0	5	189	0	0	1	430	6,882
Vernon	0	0	0	0	60	6	0	0	230	0	7,687
Vilas	0	0	1	4	6	1,736	0	0	1	0	1,770
Walworth	0	5,691	909	0	118	20	2	80	49	3	17,104
Washburn	0	0	1	0	0	252	0	0	0	50	3,124
Washington	0	2	1,312	0	16	33	16	733	22	4	9,599
Waukesha	0	91	1,295	5	143	74	4	6,862	42	3	28,094
Waupaca	0	2	3,830	17	5	366	10,723	0	13	0	15,263
Waushara	0	0	2,131	3	16	318	1,586	0	459	0	4,941
Winnebago	0	0	27,987	26	6	37	20,404	0	98	0	50,513
Wood	0	4	563	0	11	27,825	0	3	252	0	30,202
Totals	6,679	29,676	107,284	14,645	84,061	115,103	102,872	82,353	63,710	14,542	1,231,055

Table 3

**Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-SC WI	Gunder- sen	Health Tradition	Humana	Medica	Medical Assoc.
Adams	0	7	7	0	0	1	0	0	0
Ashland	1,352	21	0	0	0	0	0	22	0
Barron	691	0	0	0	0	3	0	28	0
Bayfield	974	16	2	0	0	0	0	6	0
Brown	0	123	25	0	0	2	0	0	0
Buffalo	130	1	1	0	82	161	0	0	0
Burnett	334	0	0	0	0	0	0	25	0
Calumet	0	35	8	0	0	0	1	0	0
Chippewa	200	5	3	0	0	8	0	0	0
Clark	16	19	10	0	2	10	0	0	0
Columbia	0	5	208	8	1	1	0	0	0
Crawford	60	1	48	0	72	44	0	0	0
Dane	7	33	2,110	107	0	7	3	4	0
Dodge	0	524	112	0	0	0	72	0	0
Door	0	3	0	0	0	0	2	0	0
Douglas	2,672	5	10	0	0	0	0	233	0
Dunn	129	1	1	0	0	1	0	0	0
Eau Claire	366	2	16	0	0	35	0	0	0
Florence	0	0	0	0	0	0	0	0	0
Fond du Lac	1	498	46	0	0	0	39	0	0
Forest	0	0	0	0	0	0	1	0	0
Grant	24	4	112	0	35	6	0	0	139
Green	0	8	93	6	0	0	0	0	0
Green Lake	0	0	19	0	0	0	1	0	0
Iowa	0	0	88	4	3	0	0	0	0
Iron	55	0	0	0	0	0	0	0	0
Jackson	95	0	0	0	18	213	0	0	0
Jefferson	0	283	186	0	0	0	81	0	0
Juneau	27	1	40	0	11	59	0	0	0
Kenosha	0	3,598	17	0	0	0	138	0	0
Kewaunee	0	2	1	0	0	0	0	0	0
La Crosse	1,130	2	16	0	882	1,857	0	0	0
Lafayette	1	0	13	0	0	0	0	0	0
Langlade	0	3	2	0	0	0	0	0	0
Lincoln	0	1	13	0	0	0	0	0	0
Manitowoc	0	220	4	0	0	0	5	0	0
Marathon	1	55	22	0	0	0	4	0	0
Marinette	1	16	5	0	0	2	0	0	0
Marquette	0	4	32	0	0	0	2	0	0
Menominee	0	0	0	0	0	0	0	0	0
Milwaukee	0	13,406	94	0	0	0	4,436	0	0

Table 3 (continued)

**Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-SC WI	Gunder- sen	Health Tradition	Humana	Medica	Medical Assoc.
Monroe	244	3	19	0	50	476	0	0	0
Oconto	0	10	0	0	0	0	2	0	0
Oneida	1	6	9	0	0	0	0	0	0
Outagamie	0	31	18	0	0	0	1	0	0
Ozaukee	0	2,376	3	0	0	0	609	0	0
Pepin	22	0	0	0	0	21	0	0	0
Pierce	518	0	0	0	0	5	0	199	0
Polk	1,405	0	0	0	0	4	0	746	0
Portage	2	12	39	0	0	0	7	0	0
Price	7	11	2	0	0	0	0	0	0
Racine	0	3,995	55	0	0	0	585	0	0
Richland	1	0	49	0	13	13	0	0	0
Rock	4	53	473	2	0	8	8	0	0
Rusk	49	2	0	0	0	0	0	0	0
St. Croix	673	0	0	0	0	6	0	1,253	0
Sauk	0	2	382	3	0	11	1	0	0
Sawyer	856	1	5	0	0	0	0	115	0
Shawano	0	0	2	0	0	0	5	0	0
Sheboygan	0	1,432	9	0	0	0	91	0	0
Taylor	6	1	4	0	0	0	0	0	0
Trempealeau	266	2	8	0	41	370	0	0	0
Vernon	115	0	21	0	148	556	0	3	0
Vilas	4	12	4	1	0	0	0	0	0
Walworth	0	1,159	156	0	0	0	85	0	0
Washburn	773	0	6	0	0	1	0	49	0
Washington	2	3,537	57	0	0	0	680	0	0
Waukesha	0	7,716	78	5	0	1	2,112	0	0
Waupaca	0	4	14	0	0	0	0	0	0
Waushara	0	5	14	0	0	0	1	0	0
Winnebago	5	34	37	0	0	1	0	0	0
Wood	0	89	21	0	0	11	0	0	0
Totals	13,219	39,395	4,849	136	1,358	3,894	8,972	2,683	139

Table 3 (continued)

**Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2004**

	Mercy-Care	Network Health	PHP	Physicians Plus	Touch-point Health	UHC of WI	Unity Health	Valley Health	Totals
Adams	0	2	4	30	0	13	88	0	152
Ashland	0	1	0	0	0	2	0	0	1,398
Barron	0	2	2	0	0	0	0	490	1,216
Bayfield	0	0	0	0	0	2	0	2	1,002
Brown	1	133	9,288	1	7,724	31	13	1	17,342
Buffalo	0	0	0	0	0	1	1	15	392
Burnett	0	0	0	0	0	0	0	0	359
Calumet	0	1,159	86	1	432	7	1	0	1,730
Chippewa	1	0	2	1	0	0	2	159	381
Clark	0	1	8	0	0	4	0	1	71
Columbia	0	0	2	519	4	21	1,021	0	1,790
Crawford	0	0	0	11	0	0	30	0	266
Dane	14	6	3	6,510	6	140	4,309	3	13,262
Dodge	0	37	4	108	15	1,021	1,442	0	3,335
Door	2	1	1,755	1	240	12	1	0	2,017
Douglas	0	0	0	0	0	0	0	0	2,920
Dunn	0	0	0	0	0	0	1	112	245
Eau Claire	0	1	6	1	0	1	5	611	1,044
Florence	0	0	4	0	6	2	0	0	12
Fond du Lac	2	957	17	16	277	411	276	0	2,540
Forest	0	1	11	0	16	3	0	0	32
Grant	0	0	0	22	0	9	597	0	948
Green	19	0	0	198	0	0	378	0	702
Green Lake	0	595	0	26	150	14	123	0	928
Iowa	0	0	0	143	0	2	345	0	585
Iron	0	0	0	0	0	0	0	0	55
Jackson	0	0	0	0	0	0	0	3	329
Jefferson	58	0	2	150	0	1,396	265	0	2,421
Juneau	1	0	0	41	0	8	368	0	556
Kenosha	5	0	0	3	0	3,126	4	0	6,891
Kewaunee	0	3	1,386	0	517	3	0	0	1,912
La Crosse	0	0	0	6	0	2	13	0	3,908
Lafayette	0	0	0	69	0	0	193	0	276
Langlade	0	4	4	0	14	0	0	0	27
Lincoln	0	0	2	6	0	11	1	0	34
Manitowoc	0	117	1,456	0	823	41	2	0	2,668
Marathon	0	2	6	5	23	5	10	0	133
Marinette	0	2	332	0	397	14	0	1	770
Marquette	0	156	0	34	11	5	245	0	489
Menominee	2	0	13	0	76	1	0	0	92
Milwaukee	7	13	9	16	36	51,403	43	1	69,464

Table 3 (continued)

**Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2004**

	Mercy- Care	Network Health	PHP	Physi- cians Plus	Touch- point Health	UHC of WI	Unity Health	Valley Health	Totals
Monroe	0	0	1	1	0	2	45	0	841
Oconto	0	5	1,081	1	1,135	3	1	0	2,238
Oneida	0	0	0	2	0	12	4	0	34
Outagamie	0	1,830	624	12	6,055	49	2	0	8,622
Ozaukee	6	2	1	0	8	7,466	16	0	10,487
Pepin	0	0	0	0	0	0	0	10	53
Pierce	0	0	0	0	0	1	0	8	731
Polk	2	0	1	0	0	1	0	21	2,180
Portage	0	21	0	4	23	4	4	1	117
Price	0	0	0	0	0	3	0	0	23
Racine	1	4	1	7	2	7,447	17	0	12,114
Richland	1	0	0	37	0	0	157	0	271
Rock	594	1	0	221	4	64	221	0	1,653
Rusk	1	0	0	0	0	0	5	36	93
St. Croix	0	0	0	0	0	3	1	1	1,937
Sauk	0	0	0	350	0	9	809	0	1,567
Sawyer	0	0	0	0	0	3	2	4	986
Shawano	0	44	277	0	920	0	0	0	1,248
Sheboygan	0	27	46	2	276	916	6	0	2,805
Taylor	0	0	0	2	0	3	0	0	16
Trempealeau	0	2	0	0	0	1	0	4	694
Vernon	0	3	0	11	0	2	83	0	942
Vilas	0	2	7	0	2	21	1	0	54
Walworth	258	1	1	17	1	989	17	0	2,684
Washburn	0	3	0	1	0	1	0	15	849
Washington	0	3	0	0	1	8,816	24	0	13,120
Waukesha	28	21	14	57	3	33,609	66	0	43,710
Waupaca	2	286	33	0	2,245	12	7	0	2,603
Waushara	0	372	0	7	261	19	32	0	711
Winnebago	1	3,139	59	6	3,716	55	35	0	7,088
Wood	0	4	3	2	0	14	12	0	156
Totals	1,006	8,963	16,551	8,658	25,419	117,236	11,344	1,499	265,321

Table 4

**Total Enrollment by Company
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-EC	GHC-SC WI	Gunder-sen	Health Tradition	Humana	I-Care	Managed Health	Medica
HMO - Small Group	0	1,071	6,357	242	9,820	2,501	3,258	1,527	0	0	0
HMO - Large Group & Other	35,026	48,295	198,585	22,580	40,716	26,554	20,631	72,610	6,007	114,350	0
Total HMO	35,026	49,366	204,942	22,822	50,536	29,055	23,889	74,137	6,007	114,350	0
POS - Small Group	6,738	10,864	390	0	136	410	1,550	2,515	0	0	1,812
POS - Large Group & Other	6,481	28,531	4,459	0	0	948	2,344	6,457	0	0	871
Total POS	13,219	39,395	4,849	0	136	1,358	3,894	8,972	0	0	2,683
Totals	48,245	88,761	209,791	22,822	50,672	30,413	27,783	83,109	6,007	114,350	2,683

	Medical Assoc.	Mercy-Care	Network Health	PHP	Physicians Plus	Security Health	Touch-Point Health	UHC of WI	Unity Health	Valley Health	Totals
HMO - Small Group	1,570	3,474	13,287	568	14,315	8,411	12,353	66	9,704	2,513	91,037
HMO - Large Group & Other	5,109	26,202	93,997	14,077	69,746	106,692	90,519	82,287	54,006	12,029	1,140,018
Total HMO	6,679	29,676	107,284	14,645	84,061	115,103	102,872	82,353	63,710	14,542	1,231,055
POS - Small Group	25	642	2,671	5,945	3,198	0	11,867	82,949	7,723	260	139,695
POS - Large Group & Other	114	364	6,292	10,606	5,460	0	13,552	34,287	3,621	1,239	125,626
Total POS	139	1,006	8,963	16,551	8,658	0	25,419	117,236	11,344	1,499	265,321
Totals	6,818	30,682	116,247	31,196	92,719	115,103	128,291	199,589	75,054	16,041	1,496,376

Table 4 (continued)

**Total Enrollment by Company
As of January 1, 2004**

	Atrium	Compcare	Dean	GHC-EC	GHC-SC WI	Gunder-sen	Health Tradition	Humana	I-Care	Managed Health	Medica
HMO - Small Group	0	1,071	6,357	242	9,820	2,501	3,258	1,527	0	0	0
POS - Small Group	6,738	10,864	390	0	136	410	1,550	2,515	0	0	1,812
Total Small Group	6,738	11,935	6,747	242	9,956	2,911	4,808	4,042	0	0	1,812
HMO - Large Group & Other	35,026	48,295	198,585	22,580	40,716	26,554	20,631	72,610	6,007	114,350	0
POS - Large Group & Other	6,481	28,531	4,459	0	0	948	2,344	6,457	0	0	871
Total Large Group	41,507	76,826	203,044	22,580	40,716	27,502	22,975	79,067	6,007	114,350	871
Totals	48,245	88,761	209,791	22,822	50,672	30,413	27,783	83,109	6,007	114,350	2,683

	Medical Assoc.	Mercy-Care	Network Health	PHP	Physicians Plus	Security Health	Touch-Point Health	UHC of WI	Unity Health	Valley Health	Totals
HMO - Small Group	1,570	3,474	13,287	568	14,315	8,411	12,353	66	9,704	2,513	91,037
POS - Small Group	25	642	2,671	5,945	3,198	0	11,867	82,949	7,723	260	139,695
Total Small Group	1,595	4,116	15,958	6,513	17,513	8,411	24,220	83,015	17,427	2,773	230,732
HMO - Large Group & Other	5,109	26,202	93,997	14,077	69,746	106,692	90,519	82,287	54,006	12,029	1,140,018
POS - Large Group & Other	114	364	6,292	10,606	5,460	0	13,552	34,287	3,621	1,239	125,626
Total Large Group	5,223	26,566	100,289	24,683	75,206	106,692	104,071	116,574	57,627	13,268	1,265,644
Totals	6,818	30,682	116,247	31,196	92,719	115,103	128,291	199,589	75,054	16,041	1,496,376